SUBMIT: COM STATEMENT A	IPLETED A	APPLICATI O:	ON, TEX C	5	IVE	APPI	LICA	TION FOR	R PE	RMIT		Perm	nit #:		9-0	40	D
Bayfield C Planning a		ng Depa	rt. 11 II	n.		11 1	1	OUNTY,	WIS	CONSIN		Date			10-2	0-1	9
PO Box 58 Washburn			rt. JUL	3	1 2019	Date Star	mp (Re	ceived)	W			Amo	unt Pai	d:	175	-	
(715) 373-			ayfield Co	7	oning Dep		.11	JL 022	019				411		176	- 1	7/3/19
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INSTRUCTIONS: No perm Checks are made payable	e to: Bayfi	ield Coun	ty Zoning Dep	art	ment.			d Co. Zon	ing l	Dept.	) M-1	H.					:-
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TYPE OF PERMIT RE Owner's Name:	LQUEST	EU	₩ LAND	U	SE U SAI	Mailin					State/Zip:	SPECI	AL USE	⊔ в.О.	Telepho	7 K 11 12 11 11	K
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Authorized Agent: (Pe	erson Sign	ing Applic	ation on benair	OT	Jwner(s))	Agent	PHOH	ie.	Ag	ent Maning Au	uress (meida	e City/30	ate/Zip	<b>.</b>	Attache	d	
PROJECT						Tax ID	# (4-5	digits)		3 151	55		Recorde	d Deed (i.e. #	assigned	y Regis	ter of Deeds)
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_45								ontinue -	▶		0-		feet		No		No
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^					with a Dec with (2 <sup>nd</sup> ) [							Э	1	X	)		
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I (we) declare that th am (are) responsible may be a result of B above described pro	for the det ayfield Cou	ail and acc unty relying	ig any accompar uracy of all infor on this informa	nyin rmat atio	g information) ha ion I (we) am (ar n I (we) am (are)	as been exa re) providir providing	mined	by me (us) and that it will be re	to the lied up tion. I	on by Bayfield Co	nowledge and be unty in determinunty officials ch	elief it is tr ning whetl	ue, correct ner to issu	e a permit. I (v	ve) further a	ccept lia have ac	bility which cess to the
Owner(s):(If there are Mu	Iltiple Ov	vners list	ed on the De	ed	All Owners mi	ust sign <u>c</u>	or lett	er(s) of auth	orizat	ion must accor	npany this ap	plicatio	n)	Date	U.S.		
Authorized Age														Date			<del></del>
		100	signing on be	eha	If of the owne	er(s) a let	ter of	authorizatio	n mu	st accompany t	his application	on)			Attach		
Address to sen	d permit										If you re	ecently p	urchase	Copy the property	of Tax Stat		ded Deed

w / Indicate: North (N) on Plot Plan Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road) Show: All Existing Structures on your Property (5) Show:  $(*) \ \textbf{Well} \ (\bar{\textbf{W}}); \ (*) \ \textbf{Septic Tank} \ (ST); \ (*) \ \textbf{Drain Field} \ (DF); \ (*) \ \textbf{Holding Tank} \ (HT) \ and/or \ (*) \ \textbf{Privy} \ (P)$ Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond Show any (\*): (\*) Wetlands; or (\*) Slopes over 20% \* laleuild Lal Please complete (1) – (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point) We have no structure. Restoration, Plane Description Measurement Description Setback from the Centerline of Platted Road Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the Established Right-of-Way Setback from the River, Stream, Creek Feet Feet Setback from the Bank or Bluff Feet Setback from the North Lot Line Feet Setback from the South Lot Line Setback from Wetland Feet Feet Setback from the West Lot Line Feet 20% Slope Area on property ☐ Yes No Setback from the East Lot Line Feet Elevation of Floodplain Feet Setback to Septic Tank or Holding Tank Feet Setback to Well Feet Setback to Drain Field Feet Setback to Privy (Portable, Composting) Feet from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: # of bedrooms: Issuance Information (County Use Only) Sanitary Date: Permit Denied (Date): Reason for Denial: Permit #: 19-040 Permit Date: 10-30-19 Is Parcel a Sub-Standard Lot ☐ Yes (Deed of Record) Mitigation Required Yes No Affidavit Required ☐ Yes Is Parcel in Common Ownership No ☐ Yes (Fused/Contiguous Lot(s)) No Mitigation Attached ☐ Yes □ No Affidavit Attached Is Structure Non-Conforming ☐ Yes No Granted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.) Yes No Case #: ☐ Yes ∠ No Case #: Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Was Proposed Building Site Delineated Was Property Surveyed ☐ Yes □ No Inspection Record: **Zoning District** Lakes Classification ( Date of Inspection: Inspected by: Date of Re-Inspection: Condition(s): Town, Committee or Board Conditions Attached? 

Yes No – (If No they need to be attached. Maintain Vegotation in the Shoreland Butter Fore Date of Approval: (0/29/19 Signature of Inspector: Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

rty (regardless of what you are applying for)

# Village, State or Federal Village, State or Federal Village, State or Federal VILLAGE - X VI

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Harry Mitchell & Janna Stevens Trustee 19-0401 Issued To: NO. Barnes Range 9 W. Town of **Township** Section Location: CSM# 113 Subdivision Block Gov't Lot Lot

For: Residential Other: [Shoreland Grading (75' x 100') = 7,500 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maintain vegetation in the shoreland buffer zone.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

## **Tracy Pooler**

Authorized Issuing Official

October 30, 2019

Date

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

**Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

SEP 0 4 2019

ENTERED

19-0406 Permit #: Date: Amount Paid: Refund:

Bayfield Co. Zoning Dept. INSTRUCTIONS: No permits will be issued until all fees are paid.

checks are made p	ayable to. Baynela County Zoning Department.
DO NOT START CO	INSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICAN

DO NOT START CONSTR	NOCTION ONTICA	LE I LIMINIS III	ATE DEEM ISSUED TO ATT	ICANT.								
TYPE OF PERMIT RE	QUESTED	□ LAND	USE   SANITARY	PRIVY	CONDITIONAL	USE SPEC	IAL USE	☐ B.O.A.	□ O	THER		
Owner's Name:	4		I	g Address:		tate/Zip:	7	Tel	ephone	e:		
STUMPF	Teffe	ee (	ニ ドファ	703 N Reed	shorald Res	edsburg	WIS	3959				
Address of Property:	J - 111		ll Phone	e:								
in the second se	ress of Property:  City/State/Zip:  SOLON SPRINGS WI									3-0970		
	· ·	ımber P										
Contractor:			Contra	actor Phone:	Plumber:			110	iiiibei i	none.		
Authorized Agent: (Pe	erson Signing Annlic	ation on hehalf	of Owner(s)) Agent	Phone:	Agent Mailing Add	ress (include City/	State/Zip):	Wi	ritten A	uthorization		
Authorized Agents (Fe	213011 SIGITING APPING	ation on benun	s, simer(s)			7.0	,		tached			
			Tax ID				Docordod		Yes [	□ <b>No</b> erty Ownership)		
PROJECT	Legal Descript	9 18		8825								
LOCATION	2017											
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	Creek or Land			escontinue —		tare is from sno	feet	Is Propert	,	Are Wetlands Present?		
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* include	Proje	ct	# of Stories	Foundation	in	Sev	ver/Sanita	ary System		Water		
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So -	☐ Addition/A		☐ 1-Story + Loft	☐ Foundatio	, U.							
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in the box below: teh your Property (regardless of what you are applying for) Show Location of: (1)**Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan (3)Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road) Show any (\*): (4) All Existing Structures on your Property Son My (5)(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (6) (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (7)(\*) Wetlands; or (\*) Slopes over 20% Slope Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point) Description Measurement Description Measurement Setback from the Centerline of Platted Road Feet Setback from the Lake (ordinary high-water mark) Setback from the Established Right-of-Way Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Setback from the North Lot Line Feet Setback from the South Lot Line 1123 Feet Setback from Wetland Setback from the West Lot Line Feet 20% Slope Area on the property ☐ Yes Setback from the East Lot Line Elevation of Floodplain Feet

Feet Feet Feet Feet Feet Setback to Septic Tank or Holding Tank Feet Setback to Well Feet Setback to Drain Field Feet Setback to Privy (Portable, Composting) Feet 75 ndary line from which the setback must be measured must be visible from one previously surveyed co nent or construction of a structure within ten (10) feet of the minimu

other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 48	761	# of bedrooms:	Sanitary Date:	18/94					
Permit Denied (Date):	Reason for Denial:									
Permit #: 19-0400	Permit Date: 10-30-19									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes (Deed of Record	ous Lot(s)) 💢 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached	Yes No					
Granted by Variance (B.O.A.)  □ Yes No Case #:		Previously Granted by Variance (B.O.A.)  Yes No Case #:								
Was Parcel Legally Created Was Proposed Building Site Delineated ✓Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes ☐ No ☐ Yes ☐ No						
Inspection Record:  10 yr old white fine - 10 H H20  Date of Inspection: 9/10/14	ward=66 pt	Zoning District (12-1) Lakes Classification (2)  Date of Re-Inspection:								
Condition(s): Town,	01	<u>lo</u> they need to be attached.)								
Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks. A Adhere To Shore land Mitaget or Plan  Signature of Inspect  Date of Approval: D/1/4										
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affi	idavit: 🗌	Hold For Fees: 🗌							

## City, Village, State or Federal May Also Be Required

SANITARY - 48761 (8/8/1984) SIGN -SPECIAL -CONDITIONAL -BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-	-0400	)		Issue	d To: <b>Je</b>	ffrey	Stumpf					1		
Location:	-	1/4	of	-	1/4	Section	20	Township	45	N.	Range	9	W.	Town of	Barnes
Par in Gov't Lot			1	Lot	5	Blo	ock	Su	bdivisio	on				CSM#	
For: Residential Addition / Alteration: [ 1- Story; 3 Season Porch (16' x 16') = 256 sq. ft. ]  (Disclaimer): Any future expansions or development would require additional permitting.															

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction If required. Must meet and maintain setbacks and adhere to

shoreland mitigation plan (copy attached).

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

### **Tracy Pooler**

**Authorized Issuing Official** 

October 30, 2019

Date